MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-038140

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9001 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

FILED OCT 4 1963

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. City Hospital #1
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2606 Dickson St
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Calvin Middle: Last: Wells
4. DATE OF DEATH: Month 9 Day 4 Year 1963
5. SEX: Male
6. COLOR OR RACE: Colored
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐: Baby
8. DATE OF BIRTH: 5-22-1963
9. AGE (last birthday)
IF UNDER 1 YEAR: Months 3 Days | IF UNDER 24 HR: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY: Baby
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Robert Benson
13b. MOTHER'S MAIDEN NAME: Delores Wells
14. NAME OF HUSBAND OR WIFE: Baby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates o: Baby
16. SOCIAL SECURITY NO.
17. INFORMANT: Delores Wells Address: 2606 Dickson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Congestion subsequent to
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Suffocation; suffered when found in bed in home on Sept 4th 1963
DUE TO (c): Plastic Cover (Bed) involved
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): accident 924.0 E8

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): See above
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year: 9-4-63
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 21
20f. CITY, TOWN, OR LOCATION COUNTY STATE: St. Louis Mo

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 11:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul J. Simon Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 9/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-9-63
23c. NAME OF CEMETERY OR CREMATORY: Father Dickson
23d. LOCATION (City, town, or county) (State): St. Louis City Mo.

24. FUNERAL DIRECTOR ADDRESS: Thomas Jackson 2741 Dickson
25. DATE RECD. BY LOCAL REG.: SEP 6 1963
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leroy H. Bannister

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.